

Entered -08-07-01 - sb
CL 01L0502 - GWENDOLYN BURNS

CLAIM OF:

MARY PINSON
1187-B Oakland Lane
Atlanta, Georgia 30310

01- R -1406

For property damages alleged to have been sustained when a police officer accidentally caused a shelf to fall to the floor during the execution of a search warrant on June 11, 2001 at 1187-B Oakland Lane.

THIS ADVERSED REPORT IS
APPROVED

BY: Rosalind Rubens Newell
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0502

Date: August 17, 2001

Claimant /Victim MARY PINSON
BY: (Atty) (Ins. Co.) _____
Address: 1187-B Oakland Lane, Atlanta, Georgia 30310
Subrogation: _____ Claim for Property damage \$ 500.00 Bodily Injury \$ _____
Date of Notice: 8/03/01 Method: Written, Proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 _____ Ante Litem (6 Mo.) _____
Date of Occurrence 6/11/01 Place: 1187-B Oakland Lane
Department POLICE Division _____
Employee involved J. R. Butler Disciplinary Action: _____

NATURE OF CLAIM: Claimant alleges that she sustained damages in her home during the Police Department's execution of a search warrant when a police officer knocked over her brass shelf causing it to fall to the floor and break the contents inside. However, a municipal corporation shall not be liable for the torts of policemen or other officers engaged in the discharge of the duties imposed on them by law as set forth in O.C.G.A. Section 36-33-3.

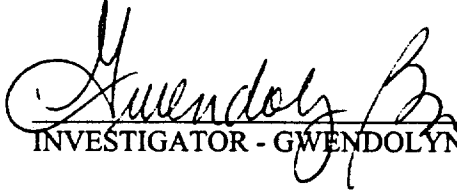
INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
Pictures _____ Diagrams _____ Reports: Police _____ Dept Report _____ Other X
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

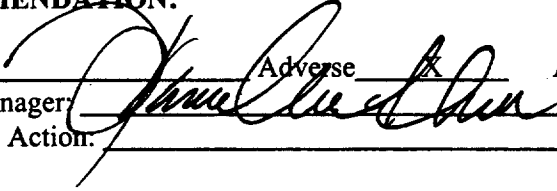
BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____
Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____
City not involved _____ Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____
Claims Manager:  Concur/date 10-2-01
Committee Action: _____ Council Action _____

**COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK**

City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 06-27-01

ENTERED - 8-7-01 - SB
01L0502 - GWEN BURNS

BURNS
08/03/01

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 500.00 property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: 06-11-01 (month/day/year) 2. Time of Incident: 9:30 3. Police called: order search for seizure ☒ Yes ☐ No

4. Location of incident (including street address): 1187-B Oakland Lane

5. Name of your insurance company: none Policy No. n/a

6. State what and how incident occurred: during a search of my apartment, one of the officers radio pulled over a glass entertainment wall unit which had years of collectables ceramics;

7. **ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!**

8. **The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).**

Your vehicle: _____
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: _____
(Name) (Address) (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. **This claim should be mailed immediately to the address shown above.**

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE
INFORMATION IS TRUE AND CORRECT.

Mary Pinson
Signature of Claimant

Mary Pinson
(Print Claimant's Name)

1187-B Oakland Lane
(Address)

Atlanta, Ga 30310
(City, State and Zip Code)

404 758-2429
(Work Number) (Home Number)

01-R-1406